



## **YOUTH OPPORTUNITY CENTER (YOC)**

350 Long Beach Boulevard, Long Beach, CA 90802

(562) 570-4700 / (562) 570-4745 Fax

# **APPLICATIONS NOW AVAILABLE FOR SUMMER AND YEAR-ROUND YOUTH PROGRAMS (SERVING YOUTH AGES 14-24)**

Youth Opportunity Center (YOC) services include:

Internships and Work Experience  
Job Search Assistance  
Volunteer Opportunities  
Assistance Receiving GED or HS Diploma  
Academic Assistance  
Support to Stay In or Return To School  
Career Advisement  
Assistance Applying to College  
Work-Readiness Training  
Leadership Development  
Peer Counseling and Mentoring  
Supportive Services

Applications are available at the **YOC** and on line at [www.longbeachworkforce.org](http://www.longbeachworkforce.org). Applications may be posted and/or available at middle/high school campuses, libraries, parks, and other various sites throughout the community.

**Priority deadline date for applications is April 30, 2004.** Applications are accepted after this date on a continuous basis; however, applications received on or before April 30, 2004, will be reviewed first and considered priority for summer opportunities.

**Applications accepted by U.S. mail only.** Mail completed applications to: Youth Opportunity Center, 350 Long Beach Boulevard, Long Beach, CA 90802.

There is limited space available in programs. Submitting an application does not guarantee participation. Apply early.

Those applying by April 30, 2004, will be contacted by mail or phone by June 11, 2004. Please contact the YOC after June 11, 2004 if you have not received information regarding the status of your application. You may call (562) 570-4701.

Revised 3/22/04

Equal Opportunity Employer/Programs.

Auxiliary aids and services available upon request to individuals with disabilities.

TTY (562) 570-4629.



# YOUTH OPPORTUNITY CENTER (YOC) PROGRAM APPLICATION

## (Serving Youth Ages 14-24)

Please read instructions and provide all requested information. Sections A, B, C and D of application must be fully completed. Please use blue or black ink.						DATE ____ / ____ / ____	
<b>SECTION A PERSONAL INFORMATION</b>							
LAST NAME				FIRST NAME		MIDDLE	
ADDRESS (Number & Street)				APT.	CITY		ZIP
AGE	DATE OF BIRTH ____ / ____ / ____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER ____ - ____ - ____				
HOME NUMBER ( )				ALTERNATE NUMBER ( )			PAGER MESSAGE CELL
SELECTIVE SERVICES (Males 18+ only) <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered				CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen, Alien Reg. #A _____			
CHECK THE BOX THAT APPLIES TO YOU. CHECK ONLY <u>ONE</u> BOX.						CURRENT SCHOOL	
<input type="checkbox"/> STUDENT: Attending High School, Middle School, Alternative or Independent Studies <input type="checkbox"/> STUDENT: Attending College or other Post-High School <input type="checkbox"/> OUT OF SCHOOL: Completed High School or Equivalent (GED) <input type="checkbox"/> OUT OF SCHOOL: Did not complete High School (Dropout)						CURRENT GRADE or LAST GRADE ATTENDED	
DID YOU PARTICIPATE IN PROGRAM IN SUMMER 2002 OR 2003? (Check one) <input type="checkbox"/> Yes, I did <input type="checkbox"/> No, I did not						WILL YOU BE ATTENDING SUMMER SCHOOL? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
CHECK SERVICES YOU ARE INTERESTED IN RECEIVING (Check all that apply).							
<input type="checkbox"/> Internship/Work Experience		<input type="checkbox"/> Attain GED or HS Diploma (Credits)		<input type="checkbox"/> Assistance Applying to College		<input type="checkbox"/> Academic Assistance <input type="checkbox"/> Mentoring	
<input type="checkbox"/> Job Search Assistance		<input type="checkbox"/> Career Advisement		<input type="checkbox"/> Peer Counseling		<input type="checkbox"/> Supportive Services	
<input type="checkbox"/> Volunteer Opportunities		<input type="checkbox"/> Leadership Development		<input type="checkbox"/> Work-Readiness Training		<input type="checkbox"/> Support to Stay In/Return to School	

<b>SECTION B PERSONAL CIRCUMSTANCES</b>	
PLEASE CHECK ALL CIRCUMSTANCES THAT APPLY TO YOU.	<input type="checkbox"/> Enrolled in Special Education/RSP Classes <input type="checkbox"/> Limited English Speaking <input type="checkbox"/> Never Finished HS/No GED (Dropout) <input type="checkbox"/> Attending Continuation School <input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> At Risk of Dropping Out of School <input type="checkbox"/> Cumulative GPA Below 2.0 <input type="checkbox"/> Foster Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Currently Parenting or Expecting a Child <input type="checkbox"/> Abuse/Recovery Program <input type="checkbox"/> Disabled (Physical or Mental) <input type="checkbox"/> Gang Member/Associate <input type="checkbox"/> Offender/Parolee
NOTE: These circumstances that you report are kept confidential with program staff. These WILL NOT prevent you from receiving services, but may make more services available to you. Therefore, your honest responses are necessary and appreciated.	

<b>SECTION C FAMILY INFORMATION</b>	
This information will remain confidential and will be used to determine initial program eligibility under Federal, State, County, and City-mandated policies. Please provide the following information for yourself and all family members who reside in your household.	
FAMILY SIZE (Including yourself) _____ GROSS HOUSEHOLD INCOME (Last six months) \$ _____	
NOTE: A family is defined as two or more persons related by blood, marriage, or decree of court, who are living in a single residence. If you are homeless, a runaway, or are at a temporary residence (such as staying with friends), you should indicate FAMILY SIZE 1.	
SOURCE OF HOUSEHOLD INCOME (check all that apply)	<input type="checkbox"/> WAGES(Employment) <input type="checkbox"/> CalWORKs/TANF <input type="checkbox"/> UNEMPLOYMENT INSURANCE <input type="checkbox"/> SSI/SSP <input type="checkbox"/> GENERAL RELIEF <input type="checkbox"/> SELF-EMPLOYMENT <input type="checkbox"/> PENSION/RETIREMENT

<b>SECTION D ALTERNATE CONTACT INFORMATION</b> (Persons we may contact if we are unable to contact you at above address or phone number)	
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:
RELATIONSHIP:	RELATIONSHIP:

**NOTE:** Priority deadline date for applications is April 30, 2004. Applications are accepted after this date on a continuous basis; however, applications received on or before April 30, 2004, will be reviewed first and considered priority for summer opportunities. Those applying by April 30, 2004, will be contacted by mail or phone by June 11, 2004. Please contact the YOC after June 11, 2004 if you have not received information regarding the status of your application. You may call (562) 570-4701.

**Applications will be accepted by MAIL ONLY.** Mail application to: Youth Opportunity Center, 350 Long Beach Boulevard, Long Beach, CA 90802. Additional information may be required to support program eligibility. Submitting an application does not guarantee participation in program.

**PLEASE SIGN:** Applicants must sign below. If applicant is under 18 years old, a parent or guardian signature is required. Parent/guardian signature authorizes youth's participation in program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print Name) \_\_\_\_\_ Relationship to Youth \_\_\_\_\_